



Department of Managed Health Care

Online Provider Complaint Form

Instructions

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Provider Complaint System

I. Access Department web-site.

To submit a Provider Complaint, the user must access the Department's web-site located at www.dmhca.gov . Under the "What's New" section, click on the provider complaint system link, which takes the user to the Department of Managed Health Care's Provider Complaints web-page. Click the To Submit a Complaint link.

This takes the user to the Provider Complaint System Login web-page. (The user can also access the Provider Complaint System Login web-page by going to www.dmhca.gov , clicking on the Information for Plan and Providers link located on the left side of the web-page, scrolling down to the Payment Difficulties section and clicking the File a Provider Complaint link.) To login into the system, the user must have an account. If the user does not have an account, click on the Create a New Account link and follow the instructions under section II, Create a New Provider Account, below. If the user already has an account, follow the instructions under section III, Provider Complaint System, below.

II. Create a New Provider Account

A. Create the Account

After the Create a New Account link is selected, the user will be taken to the Provider Complaint System web-page.

Fill in the requested information.

Contact Information

Enter the first and last name, phone number and fax number of the individual to be contacted in regard to the provider complaint being submitted.

Login Information

Enter the email address and password of the individual to be contacted in regard to the provider complaint being submitted.

All correspondence from the Department will be sent to this e-mail address.

Click the “Create an Account” button after all of the above requested information is provided.

B. Confirmation and Verification.

The verification process is necessary for web-portal privacy. This process must be completed before the user can access the created account.

After the “Create an Account” button is pressed, a Confirmation page appears with instructions on how to proceed in regards to the verification process. The instructions are also e-mailed to the submitted e-mail address along with the 13 digit Verification Number.

To complete the Verification process, go to the Provider Complaint System Login web page. This page can be accessed by clicking on the Login Page link on the e-mailed confirmation or by clicking the Submit a Complaint link on the Department of Managed Health Care’s Provider Complaints web page.

Enter the Login/E-mail address and password used to create the provider account. Press the Login button. This will take the user to the Provider Complaint System Login – Verification web-page. Now enter the 13-digit verification number from the e-mailed confirmation. This may be manually entered into the Verification Number box, or you can highlight the number and copy it from the e-mailed confirmation, then paste into the Verification Number box. Then, press the Submit button.

A new provider account has been successfully completed! The next web-page that will appear is titled Provider Complaint System.

III. Provider Complaint System

A. Login.

After a Provider Account is created, the Provider Complaint System can be accessed by going to the Provider Complaint System Login page, which can be accessed by clicking the Submit a Complaint link on the Department of Managed Health Care's Provider Complaints web page. This leads to the Provider Complaint System Login web-page. To login, enter the Login/E-mail address and password used to create the provider account. Press the Login button. This leads to the Provider Complaint System web-page.

If the user has forgotten his/her password, click the Password Reminder link located on the Provider Complaint System Login web-page. Enter the email/login address. Click the "Submit" button. Once the password reminder request is received, the Provider Complaint Unit will telephone the provider's contact with the password.

B. Provider Complaint System web-page.

From this web-page, the user may select from a list of five (5) options:

1. Submit a Complaint.
2. View Complaint Status
3. Contact Information
4. Frequently Asked Questions
5. Logout

C. Submit a Complaint.

If the Submit a Complaint link is selected, the user will be taken to the Provider Complaint Form web-page, which contains requirements and instructions for submitting a provider complaint. To proceed, the user should press the "Create Complaint" button. This leads to the Provider Complaint Details web-page.

1. Provider Complaint Details

This web-page gives details regarding the complaint the user is submitting, including the complaint number, date created, date completed, status, contact, phone and fax number, and e-mail address. From this web-page, the user is required to submit information regarding the following:

- a. Provider
- b. Payor
- c. Claim
- d. Nature of Complaint
- e. Attempts to Resolve
- f. Complete

To submit information, click on the heading and you will be taken to the corresponding web-page. **After the user enters the requested information under an individual heading, the user must press the SAVE button. This must be done before selecting another heading. Otherwise, the information entered will be lost.**

Fields that are marked with an asterisk are required.

2. Provider

Click the Provider link. On this web page, the user is to submit information about the provider's practice. After the information is entered, press the **SAVE** button before moving to another heading.

3. Payor

Click the Payor link. On this web page, the user is to submit information about the Health Plan. Also, if the responsible payor is an RBO/Capitated Provider, then the user is to provide information regarding that organization as well. After the information is entered, press the **SAVE** button before moving to another heading.

4. Claim.

Click the Claim link. On this web page, the user is to submit requested information regarding the claim. If the complaint is not regarding payment for a specific claim, then these fields are not required. For example, if the provider is filing a complaint regarding a provision in his/her contract, then these fields are not required.

However, if the complaint does concern payment of a specific claim, then these fields are required.

After the information is entered, press the **SAVE** button before moving to another heading.

5. Nature of Complaint

Click the Nature of Complaint link. On this web page, the user is to submit information regarding the nature of the complaint. It consists of five (5) topic headings:

- i. Claims Payment and Processing
- ii. Request for Unnecessary Documentation
- iii. Contract Terms and Amendments; and
Required Disclosures
- iv. Overpayment Collection Activities
- v. Dispute Resolution Mechanism Difficulties

Click on each topic heading to reveal the individual complaint items corresponding to the topic heading. Each complaint item has a corresponding box. To select a particular item, click on the box. There is no limit to the number of complaint items that may be selected.

After selecting all of the complaint items that apply, press the **SAVE** button before moving to another heading.

6. Attempts to Resolve

Click on the Attempts to Resolve link. On this web page, the user is to submit information regarding the attempts the provider made to resolve the dispute including whether the provider used the payor's dispute resolution process. The requested information includes contact names, phone numbers and e-mail addresses regarding for the dispute process. This may be different than the general contact information supplied under the Payor section of the form.

Payors (both Health Plans and Risk Bearing Organization/Capitated Providers) are required to have a dispute resolution process available for providers. Before the provider can file a complaint with this Department, the provider is required to submit the dispute to the payor's Dispute Resolution process for a minimum of 60 calendar days or until receipt of the payor's written determination, whichever period is shorter.

After the information is entered, press the **SAVE** button before moving to another heading.

7. Complete

After the user has provided the requested information, the user must press the Complete link to submit the complaint. Once the link is pressed, the user will be taken to the Complete the Complaint web-page. The user will have successfully completed the complaint form. To submit the complaint, the user must press the Submit Complaint button.

If the user failed to complete a section or completed the section but failed to press the Save button before moving to the next section, the user will be so notified when the Complete link is pressed. The user may then go back to

the incomplete section, supply the requested information, press the Save button, then press the Complete link.

If the user failed to utilize the dispute resolution process or has not participated in the dispute resolution process for 60 calendar days, the user will again be notified of this requirement when the Submit Complaint button is pressed. Using the payor's dispute resolution process is a prerequisite to submitting a Provider Complaint to this Department.

8. Confirmation

Once the Submit Complaint button is pressed, the user will be taken to the View Complaint Status/Confirmation web page. This page provides certain details regarding the submitted complaint and identifies the documents the Department needs to proceed with its review.

Instructions are also provided for the submission of the documents, including the mailing address.

A confirmation e-mail is also sent to the user. This e-mail contains the same information that is provided on the View Complaint Status/Confirmation web-page.

D. View Complaint Status

If the View Complaint Status link is selected, the user will be taken to the View Complaint Status web-page. From this web-page, the user will be able to review the status of each complaint submitted by the user. If the user clicks on the Details link, the user can view the complaint form in its entirety.

E. Contact Information

If the Contact Information link is selected, the user will be taken to the Contact information web-page. From this web-page, the user will be able to update the user's contact information, provide additional e-mail addresses, change password and e-mail/login information. Once the additional e-mail addresses is added, it will receive the same e-

mails from the Department as the primary e-mail address. It will not receive e-mails that were previously sent to the primary e-mail address.

This web-page contains four (4) headings. The user can click on the appropriate heading to supply the additional information. The headings are:

1. [Additional Email Addresses](#)
2. [Contact Information](#)
3. [Change Password](#)
4. [Change\Login Information](#)

F. Frequently Asked Questions

If the [Frequently Asked Questions](#) link is selected, the user will be taken to the Frequently Asked Questions web-page.

G. Logout

If the [Logout](#) link is selected, the user will be logged out of the Provider Compliant System and will be taken back to the Provider Login page. Also, if the user is inactive for 20 minutes, the user will be logged out of the system and any unsaved data will be lost.